

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585,956	FILING DATE 7-13-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		2		1				
5		2		1				
6		2		1				
7		①		1				
8		1		1				
9		1		1				
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TOTAL IND.	1	↓	1	↓		↓		
TOTAL DEP.	19	←	15	←		←		
TOTAL CLAIMS	20		16					
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								